

# OSHMed Magazine

Occupational Safety & Health and Medical

by



## EPILEPSY IN NAMIBIA

HIDDEN DANGER IN THE GLASS: THE RISING THREAT OF "SPIKING" • HEALTH & SAFETY: CLEAR COMMUNICATION IS BEST TOOL FOR WORKPLACE SAFETY • FUN TIME - JOKE OF THE WEEK • E.M.A. WEEKLY EMERGENCY STATISTICS

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# WOULD YOU BE ABLE TO RECOGNISE & **REACT TO STROKE ?**

**FACE**

Can their face droop on one side? (as they smile)

**ARMS**

Can they raise both arms & keep them up?

**SPEECH**

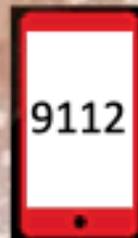
Is there a slurred speech?

**TIME**

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# Epilepsy in Namibia

**Windhoek** – Epilepsy is the most common neurological condition in Namibia, affecting approximately **1 in every 100 people**. Despite its prevalence, it is often surrounded by a "treatment gap." In many of our communities, seizures are incorrectly attributed to witchcraft or spiritual curses.

**The Truth:** Epilepsy is a medical condition caused by abnormal electrical activity in the brain. It is not contagious, it is not a mental illness, and it is certainly not a curse. It can affect anyone—regardless of age, race, or social standing.



## The Lifeline: Why Medication is Non-Negotiable

Once a doctor or specialist in Namibia diagnoses epilepsy, they typically prescribe **anti-seizure medication (ASMs)**. These are not a "quick fix" but a long-term management strategy.

- **Seizure Control:** Up to **70% of people** with epilepsy can live seizure-free lives if they take their medication exactly as prescribed.

- **Preventing "Breakthrough" Seizures:** Missing even a single dose can trigger a seizure, even if you haven't had one in years.
- **Safety and Quality of Life:** Consistent medication allows Namibians with epilepsy to go to school, hold jobs, and participate in community life safely.
- **The Danger of Traditional "Cures":** While traditional healers are a respected part of our heritage, there is no known traditional "permanent cure" for epilepsy. Stopping medical treatment to pursue alternative "spiritual" cures often leads to severe, life-threatening seizures.

**Note:** If you experience side effects like drowsiness or dizziness, do not stop the medicine. Instead, visit your local clinic or hospital to discuss adjusting the dosage with your healthcare provider.

## Seizure First Aid: What to Do (and What NOT to Do)

Seeing someone have a convulsion (a "fit") can be frightening, but your calm response can save a life. Follow these steps to keep the person safe:

### The "STAY, SAFE, SIDE" Rule

1. **STAY with them:** Stay calm and time the seizure. Most seizures end in 1 to 3 minutes.
2. **Keep them SAFE:** Move any sharp objects (rocks, chairs, or tools) away from them. If they are on the ground, put something soft, like a folded jacket, under their head.



3. **Turn them on their SIDE:** Once the jerking stops (or immediately if they have food/fluid in their mouth), gently roll them onto their side. This keeps their airway clear.

### Crucial Warnings:

- **✗ DO NOT** put anything in their mouth. They will not swallow their tongue, but you might break their teeth or get bitten.
- **✗ DO NOT** hold them down or try to stop their movements. You could cause a muscle or bone injury.
- **✗ DO NOT** give them water or food until they are fully awake and alert.

### When to Call for Help (Call 9112 or your local ambulance):

- If the seizure lasts longer than **5 minutes**.
- If the person is pregnant or injured.
- If they have a second seizure immediately after the first.
- If the seizure happens in water (like a dam or pool).

### Take the Pledge

This International Epilepsy Day, let us commit to making Namibia a safer place for those living with the condition. By educating your family, ensuring loved ones take their medication, and knowing how to respond during a seizure, you are turning awareness into action.

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## Seizure First Aid: The "STAY, SAFE, SIDE" Guide

Follow these steps if you see someone having a convulsion.

### 1. STAY with them

- **Time it:** Start timing the seizure on your watch or phone.
- **Stay Calm:** Speak quietly and reassure the person, even if they can't answer.
- **Keep Crowds Back:** Ask onlookers to move back to give the person space and privacy.

### 2. Keep them SAFE

- **Clear the Area:** Move rocks, furniture, or sharp objects away.
- **Cushion the Head:** Put a folded jacket or something soft under their head.
- **Loosen Clothing:** Gently loosen ties or collars around the neck.
- **DO NOT:** Put anything in their mouth (no spoons, sticks, or water).
- **DO NOT:** Restrain them or try to stop the jerking.

### 3. Turn them on their SIDE

- **The Recovery Position:** As soon as the jerking stops, roll them onto their side.
- **Clear the Airway:** Ensure their mouth is pointing toward the ground so any saliva or fluid can drain out.
- **Wait:** Stay with them until they are fully awake and alert.

## CALL AN AMBULANCE (9-1-1-2) IF:

- The seizure lasts longer than **5 minutes**.
- A second seizure happens right after the first.

- The person is pregnant or injured.
- The seizure happened in water.

## Medication Management Checklist

Use this to stay on track and ensure the best seizure control.

### Daily Routine

- **Same Time, Every Day:** I take my medication at the exact same time (e.g., 08:00 and 20:00).
- **Alarms Set:** I have an alarm on my phone or a specific "trigger" (like brushing teeth) to remind me.
- **Pill Box:** I use a weekly pill organizer to see if I've missed a dose.

### Communication with Doctors

- **Seizure Log:** I record the date, time, and length of every seizure to show my doctor.
- **Side Effect Notes:** I write down if I feel extra sleepy, dizzy, or moody to discuss at my next clinic visit.
- **Never Skip:** I promise to **never stop** or change my dose without a doctor's permission.

### Preparation

- **Refill Early:** I go to the pharmacy or clinic at least 5 days before my medicine runs out.
- **Travel Kit:** I always carry a 2-day supply of medicine in my bag in case I am away from home longer than expected.
- **Emergency Contact:** I carry a small card in my wallet that says "I HAVE EPILEPSY" with my medication name and an emergency phone number.



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# Hidden Danger in the Glass: The Rising Threat of "Spiking" in Namibian Nightlife

**WINDHOEK** – As the weekend approaches and many Namibians prepare to hit the vibrant bars of Independence Avenue or the popular chill spots in Swakopmund, health experts and law enforcement are issuing a stern warning: watch your drink.



The phenomenon of "spiking"—the secret administration of knockout drops (K.O. drops) into beverages—is becoming a global concern, and Namibia is no exception. These substances, often colourless, odourless, and tasteless, are being used by criminals to render victims defenceless for robbery or sexual assault.

## Hard to Detect, Easy to Mistake

The danger of these drops lies in their stealth. According to toxicologists, even in a clear glass of water, they are nearly impossible to see. When mixed into a sugary cocktail or a pungent beer, they vanish completely.

"The symptoms can be very similar to being heavily intoxicated with alcohol," explains Dr. Britta Gahr, a forensic medical expert. Victims often report feeling suddenly "wrapped in cotton wool," experiencing dizziness, nausea, or a sudden loss of memory. The key difference from alcohol is the speed: while a beer buzz builds gradually, K.O. drops can take effect in as little as 10 to 30 minutes, leading to a complete "blackout."

## A Critical Race Against Time

For those who suspect they have been spiked, the window for medical proof is agonisingly short. Most substances used in these attacks remain detectable in the blood for only about six hours, and in urine for roughly twelve hours.

"If you wake up with a 'filmriss' (memory gap) and feel physically unwell in a way that doesn't match what you drank, you must act immediately," health officials advise. Waiting until Monday morning to visit a clinic often means the evidence has already left the body.



## The "NAMPOL" and Medical Response

While specific statistics for Namibia are often buried under general assault cases, the psychological trauma is immense. In many cases, victims do not report the crime because they feel ashamed or believe they simply "drank too much."

Medical experts warn that these drops are not just "sleeping pills." In high doses, they act as powerful anesthetics that can suppress breathing or cause a person to choke on their own vomit, making the practice potentially lethal.

## How to Protect Yourself

To stay safe while enjoying Namibia's nightlife, the following precautions are recommended:

- **Never leave your drink unattended:** If you go to the dance floor or the bathroom, finish your drink or take it with you.
- **Don't accept drinks from strangers:** Only consume beverages you saw being poured or opened.
- **The "Buddy System":** Always go out with trusted friends. If a friend suddenly appears "too drunk" for the amount they've

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**9112**

EVERY 1<sup>ST</sup> AND 15<sup>TH</sup> OF THE MONTH



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- consumed, do not leave them alone.
- **Trust your gut:** If a drink tastes slightly salty, soapy, or "off," stop drinking it immediately.

3. **Secure evidence:** Do not wash your clothes or shower if you suspect a sexual assault has occurred; report to the nearest police station to ensure a forensic exam is conducted.

### What to do if it happens?

If you suspect you or a friend has been drugged:

1. **Get to safety:** Inform the bar staff or security immediately.
2. **Seek medical help:** Go to the nearest emergency room for a blood and urine screen.

As Namibia continues to grow as a hub for tourism and entertainment, staying informed and vigilant is the best defense against those lurking in the shadows of the neon lights.

### Emergency Contacts:

- **Police Emergency:** 10111
- **Ambulance/Medical:** 9112 (Windhoek) or local private providers.

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# Health & Safety - Clear Communication is Best Tool for Workplace Safety

**WINDHOEK** – *From the deep shafts of our northern mines to the bustling construction sites in the capital and the expansive industrial hubs of Walvis Bay, a silent threat is looming over the Namibian workforce. It isn't always a faulty machine or a lack of helmets; more often, it is the breakdown of safety communication.*



While many Namibian firms boast state-of-the-art safety policies on paper, a dangerous gap often exists between the boardroom and the "shop floor." To ensure every worker returns home safely to their family, experts suggest that organisations must eliminate four critical communication breakdowns that currently undermine workplace safety.

## 1. The Language Barrier and Technical Jargon

Namibia's workforce is a beautiful tapestry of cultures and languages. However, in the high-stakes environment of a mine or a factory, this diversity can become a risk if safety instructions are only provided in technical English.

Many workers may not fully grasp "safety jargon," yet they may hesitate to ask for clarification for fear of appearing incompetent.

**The Fix:** Safety managers must "speak the language of the crew." This means translating vital protocols into local languages where necessary and using visual aids. When "Stay Clear" is understood by everyone, the risk of injury drops significantly.

## 2. The Trap of Manual and Outdated Record-Keeping

In many Namibian SMEs, safety logs are still kept in tattered ledgers gathering dust in a foreman's office. When safety data is poorly recorded or shared, critical information—such as a recurring fault on a crane—is lost between shifts.

**The Fix:** Safety information must be "live" and accessible. Whether through digital logs or highly visible signage, the message must be constant and clear to every person entering a high-risk zone.



### 3. The "Suggestion Box" That Never Gets Opened

One of the most common complaints among Namibian workers is that their feedback falls on deaf ears. When a worker points out a slippery walkway and nothing changes, they stop reporting hazards altogether.

**The Fix:** Action is the loudest form of communication. When management fixes a reported risk and acknowledges the worker who raised it, they build a culture of "Active Listening" where safety becomes a shared responsibility.

### 4. The Fear of "Speaking Up"

In a competitive job market, there is often an underlying fear that reporting a safety concern might lead to disciplinary action. This culture of silence is often the precursor to major accidents. **The Fix:** Management must foster an environment where workers feel empowered to halt production if they see an immediate danger, moving beyond mere compliance to a true "culture of care."

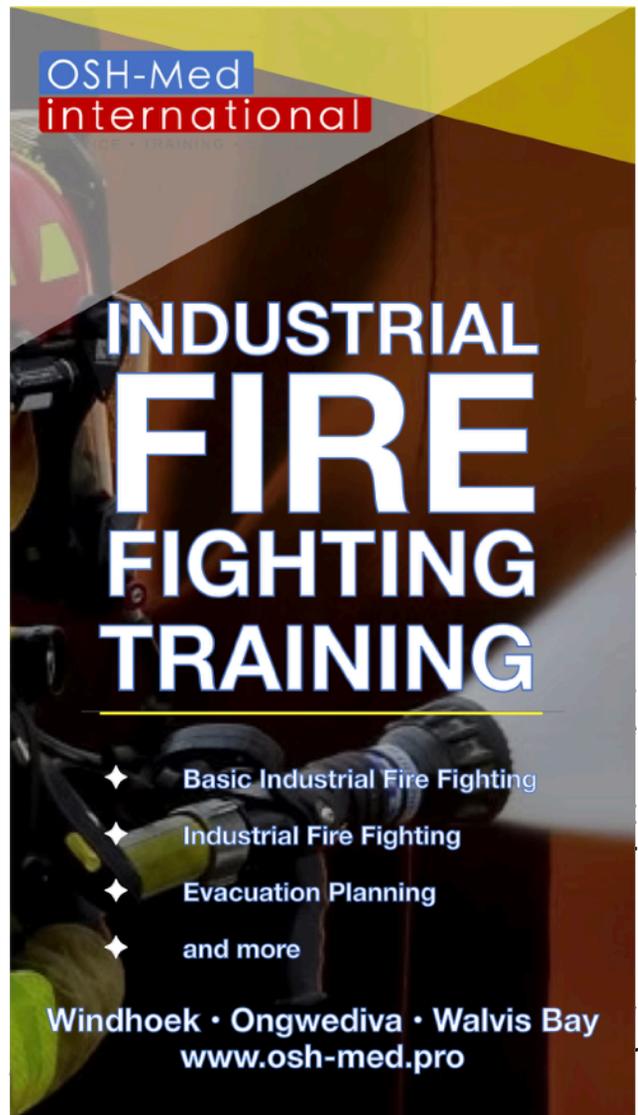
### Professional Support for Legal Compliance

Navigating the complexities of the Namibian Labour Act and international safety standards can be daunting for many local businesses. This is where professional expertise becomes essential.

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comprehensive support to Namibian industries to ensure they meet both legal requirements and best-practice standards. By offering specialised training, audits, and safety consultations, OSH-Med International ([www.osh-med.pro](http://www.osh-med.pro)) assists companies in transforming their health and safety protocols from simple paperwork into life-saving daily practices.

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## The Bottom Line

As Namibia continues to grow its industrial and energy sectors, the health of our economy depends on the health of our workers. Safety is not just about avoiding fines; it is about ensuring that communication is clear, inclusive, and actionable.

By eliminating these four breakdowns and partnering with experts to ensure legal and practical compliance, Namibian businesses can protect their most valuable asset: their people.

*For more information on improving your workplace safety standards or ensuring legal compliance, visit OSH-Med International at [www.osh-med.pro](http://www.osh-med.pro).*

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# E.M.A. Emergency Statistics

## updated 18.2.2026

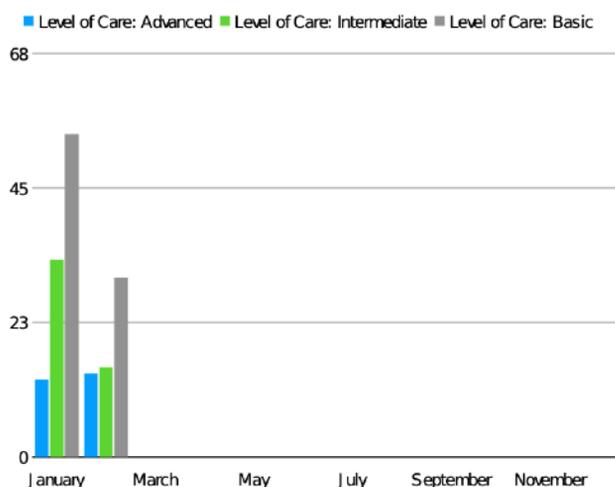
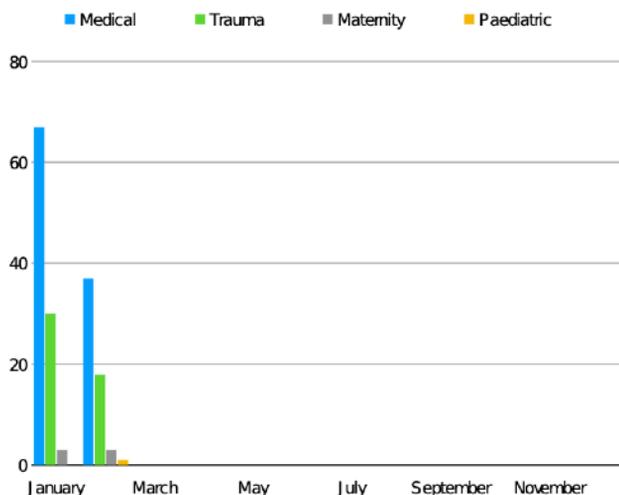
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| January                | 67      | 30     | 3         | 0          | 13                      | 33                          | 54                   |
| February               | 37      | 18     | 3         | 1          | 14                      | 15                          | 30                   |
| March                  | 0       | 0      | 0         | 0          | 0                       | 0                           | 0                    |
| April                  | 0       | 0      | 0         | 0          | 0                       | 0                           | 0                    |
| May                    | 0       | 0      | 0         | 0          | 0                       | 0                           | 0                    |
| June                   | 0       | 0      | 0         | 0          | 0                       | 0                           | 0                    |
| July                   | 0       | 0      | 0         | 0          | 0                       | 0                           | 0                    |
| August                 | 0       | 0      | 0         | 0          | 0                       | 0                           | 0                    |
| September              | 0       | 0      | 0         | 0          | 0                       | 0                           | 0                    |
| October                | 0       | 0      | 0         | 0          | 0                       | 0                           | 0                    |
| November               | 0       | 0      | 0         | 0          | 0                       | 0                           | 0                    |
| December               | 0       | 0      | 0         | 0          | 0                       | 0                           | 0                    |
| <b>Total per annum</b> | 104     | 48     | 6         | 1          | 27                      | 48                          | 84                   |
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# Emergency Call



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- **What** happened?
- **What** kind of injuries?
- **How many** injured person
- **Waiting** for further question

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(all numbers are from GRN or non-profit organisations)



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